							08	714	036	0
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1995 pplication or Docket Number (8/1/6 3 6 6										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						OTHER THAN SMALL ENTITY OR SMALL ENTITY				
FOR			NUMBER FILED		NUMBER EXTRA		FEE		RATE	ZFF CE
BASI	C FEE						375.00	OR	7,117,5	750,00
TOTAL CLAIMS			minus :	20 =		x\$11=		OR	x\$22=	132,4
INDEPENDENT CLAIMS		IMS	minus	3= *	-	x39=		OR	x78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+125=	:	OR	+250=	
	* If the difference in column 1 is less than zero, enter "0" in column 2 Hold Monie EST AVAILABLE COPY							OR	TOTAL	1012.
ES	AVAIL	CLAIMS AS A (Column 1)		, ,	(Column 3)		LL ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	- 20	=	x\$11=		OR	x\$22=	
	independent	• 1	Minus	" 3	=	x39=		OR	x78=	
∢	FIRST PRES	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					=	OR	+250=	
	·	(Column 1)		(Column 2)	(Column 3)	TOT. ADDIT. FI		OR	TOTAL ADDIT, FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DM	Total	4	Minus	**	=	x\$11	=	OR	x\$22=	
AMENDME	Independent	•	Minus	***	=	x39:		OR	x78=	
₹	FIRST PRE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+125	=	OR	+250=	
		(Column 1)		(Column 2)	(Column 3)	TOT ADDIT. F		OR	TOTAL ADDIT. FEE	
NTC		CLAIMS REMAINING AFTER AMENDMENT	100 miles (100 miles (HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AENDMENT	Total	*	Minus	**	=	x\$11	=	OR	x\$22=	
EN EN	Independent	,	Minus	***	=	x39	=	OR	x78=	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR ADDIT. FEE

+125=

FORM PTO-875 (Rev. 10/95)

+250=

TOTAL